



## Facts About Hepatitis B In Newborns

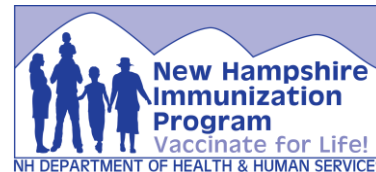
- IT'S SERIOUS. Hepatitis B virus (HBV) infection can lead to cirrhosis of the liver, hepatocellular carcinoma, and even death.
- HBV is second only to tobacco among known human carcinogens.
- 80% of all liver cancer is attributed to HBV infection.
- Individuals who acquire HBV early in life have the greatest chance of becoming chronically infected, as illustrated in the chart below.

Age at Infection	Risk of Chronic Infection
Birth	90%
1 to 5 Years	30%
>5 Years	5%

- HBV transmission can occur, even when the carrier is asymptomatic.
- Since signs and symptoms of HBV are less common in children than adults, an infected child can spread the disease for many years undetected.

For more information  
regarding Hepatitis B,  
please contact...

## NH Department of Health & Human Services



**DIVISION OF PUBLIC HEALTH SERVICES**  
Immunization Program  
29 Hazen Drive  
Concord, NH 03301  
1-800-852-3345, x4482

Health Care Providers  
She's relying on YOU



to protect her baby  
from  
**HEPATITIS B**



## Universal Hepatitis B vaccine at birth saves lives.

Recommended by CDC, AAP, AAFP, and ACOG

Since December 2005, the CDC Advisory Committee on Immunization Practices (ACIP) recommendations strongly support:

- Giving the Hepatitis B vaccine to all newborns prior to hospital discharge, and
- Using standardized admission orders for administering the birth dose.

The recommendations also state that the hepatitis B birth dose may be delayed only "in rare circumstances." When doing so, a physician's order to withhold the vaccine and a copy of the lab report indicating that the mother was HBsAg-negative during pregnancy should be placed in the infant's medical record.

Each year in the US, more than 24,000 infants are born to mothers who have chronic HBV infection. Post exposure prophylaxis for these infants is 85-95% effective when administered within 12 hours of birth.

### Deferring the Birth Dose —A prescription for tragedy



Some physicians elect to defer the first dose of hepatitis B vaccine until an infant's first office visit for reasons such as:

- preference to begin the series with combination vaccine,
- unwarranted concerns about thimerosal, (no longer used as a preservative in hepatitis B vaccine) or other unfounded safety concerns, or
- an assumption (without serological testing) that a woman is not at risk – a dangerous practice. Women with HBV infection are often asymptomatic and unaware of their infection or may be reluctant to disclose their potential risk, even to their doctor.



### Sometimes, even with maternal screening, babies become infected.

- Medical errors can and do occur, such as ordering the wrong serological test or results that are incorrectly transcribed into the prenatal record or the infant's chart.
- Women can develop HBV later in pregnancy, subsequent to testing.
- Infants can be exposed to HBV by family members or caregivers after discharge.

**Since it is impossible to know with absolute certainty that an infant has not been - or will not be - exposed to HBV before the first office visit, the first dose of hepatitis B vaccine should be administered to ALL infants at birth (unless contraindicated).**



### Testing, Prophylaxis & Case Reporting

- To prevent perinatal transmission of hepatitis B virus (HBV), all pregnant women should be routinely tested for the presence of hepatitis B surface antigen (HBsAg) during an early prenatal visit and in each pregnancy.
- If the woman is HBsAg-positive, the infant should receive hepatitis B vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If the HBsAg status of the mother is unknown, the infant should receive hepatitis B vaccine within 12 hours of birth and the mother should be tested for HBsAg. If the results are positive, the infant should receive HBIG as soon as possible (no later than age one week).
- Whenever a mother's HBsAg status is positive, the case must be reported to the Perinatal Hepatitis B Prevention Program at the NH Department of Health & Human Services at 1-800-852-3345, x 3572 within 72 hours of confirmation.